

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
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Phone: (406) 444-5300
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**SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION MUNICIPAL
SOLID WASTE INCINERATOR FOR JULY 1, 2004 - JUNE 30, 2005**

I. **FACILITY LICENSE NUMBER** **TAX ID NUMBER**

II. **NAME OF FACILITY**

III. **FACILITY LOCATION**

Street or Route Number **(DO NOT USE P.O. BOX)**

City State Zip County

IV. **MAILING ADDRESS**

Street or P.O. Box

City State Zip

V. **NAME OF LICENSEE**

VI. **CONTACT PERSON** (Person who may be contacted about the operations of the facility,
information contained in this report, and to whom inspection reports should be sent.)

Name

VII. **CONTACT INFORMATION**

(Work) (Cell Phone)

(Fax) (E-mail)

VIII. MAILING ADDRESS OF CONTACT PERSON

Street or P.O. Box

City

State

Zip

IX. TYPE AND QUANTITY OF SOLID WASTE MANAGEMENT FACILITIES (Mark the type of solid waste management facility you operate & give the number of facilities for each type.)

	TYPE	QUANTITY
A.	<input type="checkbox"/> Class II Landfill	
B.	<input type="checkbox"/> Class III Landfill or Burn Site	
C.	<input type="checkbox"/> Class IV Landfill	
D.	<input type="checkbox"/> Transfer Station	
E.	<input type="checkbox"/> Composting Facility	
F.	<input type="checkbox"/> Municipal Solid Waste Incinerator	
G.	<input type="checkbox"/> Infectious Waste Treatment Facility	
H.	<input type="checkbox"/> Soil Treatment Facility	
I.	<input type="checkbox"/> Resource Recovery Facility	

It may be possible to combine solid waste management licenses held separately for different parts of your system into one solid waste management system license and save a portion of the required license fees. If you have more than one solid waste management license would you like to have them consolidated into one system license? Yes () No ()

Note:

No more than one landfill, or other Class II facility, may be consolidated under one solid waste management system license.

No more than one incinerator may be consolidated under one solid waste management system license.

A landfill and incinerator may not be consolidated under the same license.

X. SYSTEM CAPACITY

- A. NUMBER OF FACILITIES (Enter number of facilities you operate under the Facility License Number in Section II)

B. **SERVICE AREA** (List all areas served by your facility or system.)

C. **POPULATION OF SERVICE AREA**

D. **ANNUAL TONNAGE BASED ON SCALE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2003** Tons

E. **FOR FACILITIES THAT DO NOT OPERATE SCALES PLEASE GIVE ANNUAL VOLUME BASED ON WASTE RECORDS FROM JANUARY 1 THROUGH DECEMBER 31, 2003.**

#Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = Tons
e.g. packer truck

#Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = Tons

Provide copies of the waste measurement records (monthly summaries acceptable).

XI. **IMPORTED (OUT-OF-STATE) SOLID WASTE**

Did your disposal facility accept wastes generated outside of Montana? Yes () No ()

What is the total annual tonnage of out-of-state waste accepted?

Where was the out-of-state waste generated?

City State County

City State County

City State County

City State County

Population of the out-of-state area(s) served?

XII. **QUESTIONNAIRE** (Answers provide information on the status of waste handling in the state.)

A. Did you operate a composting program? Yes () No ()

List the types of waste you accepted for composting, and give the approximate weight or volume of the amount composted.

WASTE	VOLUME OR TONS
1.	1.
2.	2.
3.	3.

What composting method was used? (Windrows, static aerated piles, etc.)

Is this activity presently described in your operation and maintenance plan on file with the Department? Yes () No ()

B. Did you have any educational programs for waste reduction or recycling? Yes () No ()

If yes, describe briefly, and indicate any measurable success.

C. Did your facility accept tires? Yes () No ()

1. Number of tires accepted for disposal

Number of tires accepted for recycling

2. Approximate percentage of the total waste stream. %

3. Disposal fee per tire \$

D. How did you assess fees for disposal of municipal solid waste? (Check methods that apply)

1. Tipping fee at gate
\$ /ton
\$ /cubic yard

And/or

2. Service charge/tax assessment \$
Annual residential rate \$

Does this rate include residential pickup? Yes () No ()

How much is the disposal charge. \$.

3. Other (describe)

E. Has the design capacity of your facility changed in the last five (5) years? Yes () No ()

F. How many employees (full time equivalent) work in your solid waste program?

How many hours of safety training did they receive last year?

Hazardous waste training?

Solid waste operators training?

G. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission. **Do you want your facility name released for use on mailing lists.** Yes () No ()

XIII. CERTIFICATION (An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

Print Name Here: _____

Title: _____

Date: _____